

# Heroin Task Force Testimony

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Introduce self: John Winslow

- Designee of Dorchester County Health Officer, Roger Harrell
  - DCAP Director
  - Dri-Dock Founder & Oversight
  - Coordinator of NCADD-MD's Recovery Leadership Program
  - Person in Long-Term Recovery- continuously abstinent over 39 years
    - Daughter, Sherry- 3 years in full recovery
  - As a result of **all** the above... I've got a great deal of "skin in the game"!

In Dorchester County we see the numbers of young people from all walks of life seeking treatment for heroin & opioid dependence **skyrocketing**. So far, we've "dodged the bullet" in terms of avoiding having had a significant number of fatal overdoses, but we can't be misled by this data. The substance use disorder problem in Dorchester is bewilderingly profound here as it is in all municipalities, towns, cities, and rural areas here in Maryland - as it is across our entire nation!

*Successfully resolving this Heroin and Opioid problem in our communities through the effort of any **ONE** entity, agency, Task Force, organization or institution is impossible. This **MUST** be a **WE** effort... as my sponsor in my early recovery used to proclaim... "**WE can do together what NONE of can do alone**"!*

- *To that end... we need problem-solving input from **everyone**.*
  - *There are those amongst us that may be highly critical of numerous aspects of "**the system**".*
    - ***We need to hear your voice***. We need your critical comments- but I must emphasize the importance of voicing your criticism **CONSTRUCTIVELY! This is NOT the time to be throwing rocks at one-another!**
- *We also need to hear from the **champions of recovery**- from those seeking recovery, those successfully in recovery, and from the family members - both those with loved-one in active addiction, in treatment and/or recovery, and from those who have lost their loved-ones from this insidious illness.*

In order to successfully resolve this crisis we need EVERYONE'S help and we need to address the **FULL continuum** of Substance Use Disorder services: **Prevention, Intervention, Treatment, & Recovery.**

To that end, I respectfully submit the following recommendations:

### **Prevention:**

There are three recognized levels of prevention:

**Primary Prevention** (Attempts to avoid substance use or abuse before it has a chance to occur.):

**Secondary Prevention** (for those "at risk" for problems with alcohol & other drugs of addiction): and

**Tertiary Prevention** (The goals are to terminate use of the substance and thus avoid further deterioration in the person's functioning - or to support maintaining/sustaining ongoing recovery efforts):

**With Primary Prevention** (*Attempts to avoid substance use or abuse before it has a chance to occur.*):

- We need to: Increase overall efforts to change our culture:
  - Our society (and that of many countries worldwide) promote a climate of pleasure and comfort over health and wellbeing! From the promotion of alcohol at sporting events to repeated daily expose encouraging "instant relief" on television, every one of us (children, youth, adults, and the elderly) are encouraged to "go for the gusto" or seek the "easier, softer way". **Look where it's gotten us!**
- We need to: Establish legislation to tighten controls on "inappropriate doctor prescribing"
- We need to: Explore the feasibility of holding pharmaceutical companies accountable for excessive promotion of dangerous, highly addictive opioid-based medications – since they have contributed so significantly to the problem, we should insist they financially contribute to addressing the solution!

- We need to: Educate the public re: (example) Search Institute's **"40 Developmental Assets"** – basic building blocks to help youth succeed and avoid unhealthy behaviors. Everyone can be an "Asset Builder"
- We need to: Implement **"Environmental Prevention Strategies"** taking a broad approach to prevention efforts:
  - *Grounded in the field of public health, which emphasizes the broader physical, social, cultural and institutional forces that contribute to the problems that coalitions address, **environmental strategies** offer well-accepted prevention approaches that coalitions use to change the context (environment) in which substance use disorders can occur.*
    - *Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies. Coalitions should select strategies that lead to long-term outcomes. \*Educating the public at large regarding Opioid misuse, increasing fines for underage drinking, moving tobacco products behind the counter, and not selling cold, single-serving containers of beer in convenience are all examples of environmental strategies.*

**Secondary Prevention** (for those "at risk" for problems with alcohol & other drugs of addiction):

- We need to: offer Intensive substance use-related education for "at-risk" and "high-risk" individuals such as those charged with drug-related offenses or children/adolescents of addicted parents.

**Tertiary Prevention** (The goals are to terminate use of the substance and thus avoid further deterioration in the person's functioning **or** to support maintaining/sustaining ongoing recovery efforts):

- We need to: Promote Recovery High Schools in Maryland.
  - It is tragic for a young person to be so deep in her/his addiction that they need an inpatient treatment experience, begin to get their lives turned-around only to come back to the community in which they were using

and have to return to the same high school where their "getting high" buddies all hung out! How can we expect them to remain abstinent and recovery in these circumstances?

- We need to: Promote the establishment/expansion of Collegiate Recovery Centers (CRC's).
  - There are currently very few CRC's in the nation.  
*Maryland only has one fledgling CRC to my knowledge- located at Loyola College.*
- We need to: Promote the expansion of Young People in Recovery (YPR) chapters across the state.
- We need to: Expand places where youth in recovery can hang-out and socialize with out all the temptations to use.
- We need to: Continue with expansion of Narcan availability throughout the community, Law Enforcement, Emergency Management Services, other First Responders and anyone & everyone potentially touched by Opioid addiction. \*we are in the process of not only providing Narcan availability to our first responders and law enforcement in Dorchester county, but also family, friends, and loved ones – as well as training our addictions treatment staff and Recovery Community Center peer staff in this life-saving method.
- We need to: Look for opportunities to introduce Vivitrol (long-lasting injectable Naltrexone- an antagonist medication that blocks/prevents the “high” from opioids while simultaneously reducing cravings) at every opportunity, especially in jails, prisons, and other institutions prior to their returning to the community
  - *Research shows that this is the most vulnerable population to fatal overdoses due to a reduction in tolerance as a result of imposed abstinence*

## **Intervention:**

We need to insure that adequate funding is available to support the following essential services:

- Drug Courts
- Traditional Courtrooms- *educated Judges & Masters can use the courtroom and an ideal opportunity to refer to treatment as an alternative to incarceration*
- DJS
- P&P
- Private Interventions
- Mobile Crisis Teams
- Crisis Intervention Teams
- **\*Note:** All the above need availability of peer involvement- (*persons with lived experience*) – we **MUST** grow our peer workforce!

### **In terms of Treatment efforts:**

We need to offer the following:

- Simply put: We need adequate funding in order to offer a **full range of treatment services** as medically indicated by ASAM criteria

### **In terms of Recovery efforts:**

We need to offer the following:

- We need to: Support **ALL** pathways to recovery
- We need to: Establish and maintain funding support for RCC's (including Colligate Recovery Centers-CRC's) around the state
  - \*Mention Dri-Dock
  - **Build a protective recovery community environment** – *our RCC's can serve as a hub around which we can offer safe, sober housing, schools, playgrounds, places of worship, where people and families can live in the absence of constant exposure to the people, places, and things that supported and contributed to their active addictions*
- We need to: establish more safe Sober housing for men, women, and families seeking to maintain ongoing recovery efforts

- We need to: Continue to grow our Peer workforce: *this very cost-effective strategy needs to be embedded in a wide variety of settings beyond our Recovery Community Centers such as...*
  - Emergency Rooms
  - Treatment centers
  - Detentions centers
  - Working with local police
  - Working with Mobile Crisis Teams
- We need to: build and strengthen all of our Recovery Supports – housing, transportation, employment, education

**Finally, I wish to thank the governor, the lieutenant-governor, members of the Task Force, and all the officials, providers, family members, and concerned citizens for the time and effort you are taking to address this most alarming public health and safety crisis!**